

**Abstract 401**

**TITLE:** AIDS-Related Risk for HIV Among Older Injecting Drug Users

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**BACKGROUND/OBJECTIVES:** Although the number of older drug injectors at risk for HIV is rising, little is known of how the biological and social processes of aging impact upon HIV transmission among older users. This paper takes a life course perspective to examine the interaction of aging, sex, and needle behavior on HIV risk among IDUs over age 50.

**METHODS:** Using snowball sampling techniques, street outreach was used to recruit 50 active IDUs who were 50 years of age or older for participation in a focus group session, individual qualitative interviewing, a quantitative questionnaire, and HIV testing. Data were collected exploring a range of issues concerning the biological and social impacts of aging in combination with drug-use and sexual behavior on HIV risk. Responses were entered into SPSS and ATLAS.ti for coding and analysis.

**RESULTS:** Increased biological risk related to the normal aging process and the breakdown of the body due to a life-time of drug use make older users particularly vulnerable to viral infection when compared to younger users. Yet, the social behaviors associated with reaching maturity as a chronic drug-user offers older IDUs some measure of protection against HIV not readily associated with youth. Protective factors include: an increased tendency among older IDUs as they mature to withdraw or isolate themselves from other users; safety and prevention practices gained through a life-time of drug use; and less frequent sex and needle behaviors. Nonetheless, other social factors of aging such as use of heroin for age-related self-medication and decreased opportunity to negotiate for safer sex and needed exchanges contribute to increased risk gained through a life-time of drug use; and less frequent sex and needle behaviors. Nonetheless, other social factors of aging such as use of heroin for age-related self-medication and decreased opportunity to negotiate for safer sex and needed exchanges contribute to increased risk.

**CONCLUSIONS:** Many older IDUs appear to avoid contracting HIV due to careful maneuvering of the drug world based on life experiences, alteration in life-time patterns of drug-use related to the aging process, and isolation from the larger social networks characteristic of drug-use among younger users. Still, older IDUs remain at high risk due to age-related disadvantages in interpersonal relationships and other factors. Thus, HIV constitutes a serious problem among older IDUs that warrants much greater prevention and intervention efforts than currently being conducted.

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